

**Town of Westfield**  
425 East Broad Street \* Westfield, NJ 07090 \* (908) 789-4033

**LIMOUSINE LICENSE APPLICATION**

NEW \_\_\_ RENEWAL \_\_\_

LEGAL NAME OF INDIVIDUAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHPLACE \_\_\_\_\_

US CITIZEN? \_\_\_\_\_ LENGTH OF RESIDENCE IN NJ \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

CORPORATE OWNER OF VEHICLE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***COMPLETE INDIVIDUAL DATA FOR PRESIDENT & SECRETARY ON BACK OF FORM.***

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

VIN # \_\_\_\_\_ LIC PLATE # \_\_\_\_\_ REG EXP \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MINIMUM LIMIT FOR EACH ACCIDENT: INJURY TO ONE INDIVIDUAL \$ \_\_\_\_\_

ALL PERSONS INJURED \$ \_\_\_\_\_ PROPERTY DAMAGE \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**FOR OFFICE USE ONLY**

Check \_\_\_\_\_ Cash \_\_\_\_\_ MO \_\_\_\_\_ License # \_\_\_\_\_ Cert of Ins. # \_\_\_\_\_

The foregoing application was filed together with the fee of **\$50.00** in the office of the Municipal Clerk on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**PRESIDENT:**

LEGAL NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHPLACE \_\_\_\_\_

US CITIZEN? \_\_\_\_\_ LENGTH OF RESIDENCE IN NJ \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

**SECRETARY:**

LEGAL NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHPLACE \_\_\_\_\_

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